



Metro Parking (M) Sdn Bhd

(Company No: 213264-U)

(A Member of Damansara Realty Berhad Group Of Companies)

Suite 10.2, Level 10, Wisma Chase Perdana, Off Jalan Semantan,

Damansara Heights, 50490 Kuala Lumpur, Malaysia.

Tel: 03-2081 2777 Fax: 03-2081 2778, 03-2081 2779

Website: www.metro-parking.com

Customer Service: customerservice@metro-parking.com



- ☐ Tenant ☐ Reserved ☒ Personal
☐ Non-Tenant ☐ Non-Reserved ☐ Company ☐ Temporary ___ month

FOR OFFICE USE ONLY

CAR PARK :
ACCOUNT NO. :
ACCESS CARD/ :
STICKER NO. :
RECEIPT NO. :
EFFECTIVE :
APPROVED :

APPLICATION FOR SEASON PARKING

(Please fill this form completely using BLOCK LETTERS only)

1. Account Name : C44A KENG SIN
2. NRIC No. : 870917435225
3. Company Name : RTS OPERATIONS SDN BHD
4. Contact Person : NICH CHUA
5. Correspondence/Office Address :
6. Home Address :
7. Contact Details. -Office No : - Ext :
-H/Phone No : 016-202 3619
-House No :
-E/Mail Add. : KENG SIN CHUA@RTSOPS.COM
8. Car Registration No. : a VNR2833 b 42A232

DETAILS ON PAYMENT

I/We attach here with payment by way of cash / cheque to the value of RM - for the following:-

1. Number of month - Number of access(s)/sticker(s) - per month.
at RM
2. (No.) access card(s) at RM - per card as security deposit for any access card(s) issued to me; or
3. (No.) sticker(s) at RM per sticker as security deposit for any sticker(s) issued to me.

DECLARATION

Please note that one month's written notice is required for cancellation of parking lot(s), failing which the Company have the right to forfeit your:

☐ 2 months deposit + 1 month rental + card deposit

☐ 1 months deposit + 1 month rental + card deposit

I have read the terms and condition on the reserve page and I agree to be bound by them.

Signature of Applicant :

Designation :

Date : 16-03-2016

Company Chop & Sign (If paid by company) :

FOR TENANT CONFIRMATION PURPOSE ONLY

Name : SHAHA AZMIL

Designation : LEASING ASST

Date : 01-04-2016

Building Owner / Manager Chop & Sign :



FOR OFFICE USE ONLY (AREA MANAGER/AREA SUPERVISOR/SEASON STAFF)

SITE: Approved By :

Date:

OFFICE: Approved By :

Date: